

MENTAL HEALTH UPDATE

January 31, 2008

PRINCIPLES OF RECOVERY

Recovery is personal. It is self-directed. While different for each individual, we strive to keep recovery principles at the forefront of our work. Each issue of the Mental Health Update will highlight a principle of recovery, based on SAMHSA's consensus statement.

Individualized &

Person Centered: There are multiple pathways to recovery based on a person's unique strengths and resiliencies as well as needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. People also identify recovery as an ongoing journey, an end result, and overall paradigm for achieving wellness and optimal mental health.

Empowerment * Holistic * Non-Linear * Strengths-Based * Peer Support *
Respect * Responsibility * Hope * Self-Direction

Legislative Reports Posted On Web

The Department of Mental Health has submitted the following 5 reports to the Legislature as required.

- Restoration of the Department of Mental Health
- Success Beyond Six
- Transportation of Individuals in the Custody of the State-Act 180
- Implementation of Act 114 at the Vermont State Hospital in 2007
- Status Report of Act 65-Funding for Co-Occurring Mental Health & Substance Abuse Services for Children, Adolescents and CRT Clients

Each report is available for review on the Department's website at
<http://healthvermont.gov/mh/legislation/legislation.aspx>

Department Invites Feedback on Draft Mission, Vision and Values Statement

DMH staff from both the Burlington office and the VSH in Waterbury have recently completed a draft statement of the Department's vision, mission, and values. Once finalized, this Statement will articulate what we do and the principles that guide our work. The draft Statement appears below and on the DMH Website at
<http://healthvermont.gov/mh/documents/Missionstate013008.pdf>

We are now asking all stakeholders to review what we have written and offer us feedback. This draft document will also be reviewed with both the Statewide Adult and

Child Standing Committees. Based on the feedback gathered, we will finalize a statement that reflects our collective views about DMH. Please send written comments either by e-mail or by postal mail to : dphilib@vdh.state.vt.us or:

Dawn Philibert
System Development Director
Department of Mental Health
108 Cherry Street P.O. Box 70
Burlington, Vermont 05402-0070

We welcome your comments and will publish the version that emerges from your input in the *Bi-Weekly Mental Health Update* at a later date.

VISION, MISSION AND VALUES STATEMENT

1/29/08 DRAFT FOR PUBLIC INPUT

VISION

Mental health will be a cornerstone of health in Vermont. People will live in caring communities with compassion for and a determination to respond effectively and respectfully to, the mental-health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental-health treatment and supports as needed to live, work, learn, and participate fully in their communities.

MISSION

It is the mission of the Vermont Department of Mental Health to promote and improve the mental health of Vermonters.

VALUES

We support and believe in the Agency of Human Services values of respect, integrity, and commitment to excellence and express these as:

Excellence in Customer Service

- People receiving mental health services and their families should be informed and involved in planning at the individual and the system levels
- Services must be accessible, of high quality and reflect state-of-the-art practices.
- A continuum of community-based services is the foundation of our system.

Holistic approach to our clients

- We can promote resilience and recovery through effective prevention, treatment, and support services.

Strength Based Relationships

- It is important to foster the strengths of individuals, families, and communities.

Results Orientation

- Strong leadership, active partnerships and innovation are vital strategies to achieve our mission.
- We are accountable for results.

Washington County Mental Health Stages Disaster Drill

The Department of Mental Health contracts with WCMH to coordinate disaster mental health services and training throughout the state of Vermont. Due to the efforts of Mary Moulton and Gary Gordon, there are over 300 persons trained throughout the state as behavioral health first responders. The trainings include information on trauma recognition, sudden death notification and basic disaster behavioral response.

As part of its efforts to maintain a robust mental health disaster preparedness response, Washington County Mental Health staged a disaster drill in December. The drill, involving staff from WCMH as participants, simulated a tornado touching down and destroying 12 homes in the area. The drill provided an opportunity for the Incident Command Center (following FEMA guidelines) to be set up to manage the disaster. A safety officer and team leaders were identified, a shelter was established to manage evacuees, and mental health responders were disseminated for notification, safety and planning issues. Mental Health responders also used a psychological screening form developed as part of a FEMA response tool kit. By all de-briefing accounts, the exercise was a success. WCMH plans another exercise in six months.

ADULT MENTAL HEALTH

Statewide Point in Time Survey of the Homeless

On Wednesday January 30th, 2008 state and community human service providers that come into contact with the homeless will duplicate last year's statewide one day survey/count. This one day count was originally initiated by a Housing and Urban Development (HUD) requirement for federal grant assistance. The form utilized for the homeless count was developed by the Vermont State Housing Authority (VSHA), Department of Health-Division of Mental Health (VDH-DMH) and Data Remedies (a computer software consultant). The form has subsequently been adopted by several New England states and other communities throughout the nation. The use of a unique identifier protects individual confidentiality and allows for an unduplicated count of the homeless encountered on that day. Inquiries will also be made regarding mental health service needs. A report on the findings is anticipated in March of 2008.

CHILDREN'S MENTAL HEALTH

Johnson Jaguars Benefit from Use of PBS Model At Elementary School

On Thursday, January 24, members of the Child, Adolescent and Family Unit of the Department of Mental Health had the opportunity to visit the Johnson Elementary School and speak with the principal, Brigid Scheffert, about her philosophy on education and necessary in-school supports. Given the recent attention to Positive Behavior Supports (PBS) throughout our state, Johnson Elementary seems to be an exemplary model in action. They are committed to a "no suspension" and a "no out-of-district placement" approach to serving the children of their community in their pre-kindergarten through

sixth grade school of 250 students. PBS is an evidence-based, broad-based model of prevention and early intervention that creates significant improvements in school climates. Use of this model has been shown to result in a reduction in disciplinary incidents and more effective use of intensive services such as those in Success Beyond Six.

Of particular interest was their Intervention Support Program (ISP), a component of PBS. According to Ms. Scheffert, the ISP strives to:

- serve students with aggressive behavior disorders more effectively and in their local community school,
- serve more students with moderate behavior disorders without hiring individual assistants,
- reduce the disruption of regular classrooms by children with aggressive behavior disorders,
- allow the school counselor, nurse and other school-wide support staff to focus their efforts on serving the general student body, and
- reduce and stabilize the cost of serving their students with special needs.

Ms. Scheffert, with the support of the school board and staff, parents and the larger community, is experiencing great success in their efforts to meet each student's needs within their educational setting. Several schools throughout our state are considering replicating the PBS model in their own educational settings and are looking at how Johnson Elementary School has adapted and implemented it in their situation.

Lamoille County Mental Health Hires New Children's Program Clinical Director

Lamoille County Mental Health welcomes Lauren Johnson as the Agency's new Clinical Director for the Children, Youth and Family Services Program. Lauren is a licensed Psychologist, Master, and Certified Drug and Alcohol Counselor. She has worked in the non-profit mental health field as a clinician, coordinator and crisis worker for Clara Martin Center, Champlain Drug and Alcohol Services, Washington County Mental Health Services and Northeast Kingdom Human Services. Her areas of expertise include anxiety, depression, trauma, attachment disorder, anger management, and adoption. Lauren has also conducted a private practice in the Northeast Kingdom where she provides evaluation/diagnosis and therapy to adults and children.

FUTURES PROJECT

Transformation Council Draws Large Attendance

More than 40 people attended the packed Transformation Council meeting to discuss a proposal for a peer-run crisis alternative and proposed legislation on involuntary medication. New groups not previously represented were welcomed—the office of Congressman Peter Welch and the Vermont State Nurses Association. Key discussions were as follows:

Peer-Run Crisis Alternative

It's about choice. It's about having alternatives. The Futures Peer Support Work Group offered their recommendation to create a peer-run crisis alternative to the Transformation Council. This proposal is the culmination of more than nine months work by a large and diverse group of peers and advocates. The proposal envisions a five-bed program that has a flexible structure and home-like

environment, encourages personal responsibility, provides choice on medication use, relies on mutually supportive relationships between staff and guests, and collaborates with mental health agencies while operating as its own entity with administrative support from Vermont Psychiatric Survivors. Next steps are to develop the program. Transformation Council members strongly endorsed the work group's proposal, found at <http://healthvermont.gov/mh/futures/documents/peersupportrecommendations.pdf>

Changes to Act 114 – Non-Emergency Involuntary Medication

Discussion of the Department of Mental Health's proposal to amend Act 114 began with a presentation on how other states implement non-emergency involuntary medication. Mental health organizations, the Legislature, consumers and family members, and others are also giving consideration to Vermont's Act 114 concerning administration of non-emergency involuntary psychiatric medication. Whether or not to modify Act 114 to reduce the waiting period to administer involuntary medication to no longer than 30 days, as DMH is proposing, was discussed at length by the Transformation Council. As currently drafted, the DMH legislation would retain due process while improving time frames, allowing persons to receive medication earlier, have shorter hospitalization, and get better sooner. The proposal has generated a much needed discussion about what processes would best serve the interests of patients, what is in keeping with Vermont values, what effects psychiatric medications have on a person, what changes in statute and/or regulation are required to shift the locus of acute inpatient psychiatric care from VSH to designated community hospitals, and what other barriers to community-based inpatient care must be addressed. The proposed legislation, which will first go before the Senate Health and Welfare Committee, can be viewed along with the cover letter from the Commissioner at <http://healthvermont.gov/mh/documents/proposechanges114.pdf>

The Department's report on other states' policies and practices related involuntary medication is available at

<http://healthvermont.gov/mh/futures/documents/BeinerStateSurvey.pdf>

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

VISI Forum Meeting

Please mark your calendars for the VISI Forum Meeting on February 8th at the Vermont Technical College's Old Dorm Lounge in Randolph. The meeting will be held from 9:30 am until 12:30 pm.

VISI Trainings for Participating Agencies

Commencing in April, VISI will be hosting various trainings throughout the year. The trainings will be divided into basic, intermediate, and advanced levels. These levels are indicative of different target audiences at each agency. Below are the trainings that will be offered for each level. These trainings will be offered at individual agencies; if your agency is interested in scheduling on of these trainings, please call Paul Dragon or Patty Breneman at 802-652-2003.

I. BASIC

Target audience: front desk staff, non direct service staff.

1. Welcoming--Todd Mandell
2. Co-Occurring 101--Todd Mandell, Anthony Quintiliani
3. Trauma Informed--Sherry Burnette
4. Mindfulness and self care techniques--Anthony Quintiliani

II. INTERMEDIATE

Target audience: case managers, outreach workers, referral staff.

1. Attitudes and stigma; Prevalence and expectations; Screening, assessment and differential diagnosis; triage--Mark McGovern
2. Motivational interview skills and communication techniques--Anthony Quintiliani
3. Trauma Informed--Sherry Burnette
4. ASAM Placement Criteria--Todd Mandell
5. COD 101--Anthony Quintiliani, Todd Mandell
6. CBT, Mindfulness Interventions--Anthony Quintiliani, Jody Kamon

III. ADVANCED

Target audience: Clinicians

1. Review of Prevalence and assessment; review of evidence-based practices--Mark McGovern
2. Stage-wise assessment and treatment--Mark McGovern
3. Adaptations of the evidence-based treatments for addiction for persons with COD--Mark McGovern
4. Medication use and prescribing practices for co-occurring disorders--Mark McGovern
5. ASAM Placement Criteria--Todd Mandell
6. Medication Assisted Therapies and COD--Todd Mandell
7. COD 101--Anthony Quintiliani, Mark McGovern
8. CBT, Mindfulness Interventions--Anthony Quintiliani, Jody Kamon

VISI Resources

Please check out the VISI website at <http://healthvermont.gov/mh/visi/index.aspx>

The co-occurring brochures for consumers are in. They are a great way to get basic information across to people in need of services.

VERMONT STATE HOSPITAL

VSH Draft Governance Regulations Available for Public Comment

The proposed rules for the VSH Governing Board have been drafted and are available for public review and comment. In December 2007, there was an electronic distribution of these draft proposed regulations and an announcement of a public comment period ending January 28, 2008. The Department is extending this public comment period to allow more time for stakeholders to offer feedback. Please send written comments no later than Tuesday, February 19 to Wendy Beininner at wbeinner@vdh.state.vt.us or:

Wendy Beininner
Chief Counsel
Department of Mental Health

1 Church Street, Suite 300
P.O. Box 70
Burlington, VT 05402

VSH to Seek Joint Commission Accreditation

The Joint Commission has been accrediting hospitals for more than 50 years. Its accreditation is a nationwide seal of approval that indicates a hospital meets high performance standards. The purpose of accreditation is to help hospitals improve their performance, raise the level of patient care, and demonstrate accountability in the rapidly changing health care systems.

A mock survey conducted by an independent team indicated that VSH may be ready for full review. The DMH and VSH leadership have agreed that VSH has made significant progress in improving the systems of care for patients, and is ready to undergo a full survey. The application to become accredited by the Joint Commission was filed in January and states VSH will be survey-ready in March 2008.

The actual survey will occur in two parts, approximately 4 months apart. The survey will be unannounced in order for the Joint Commission to view the hospital as it normally functions. The length of each survey, and the number of surveyors will be determined by the Joint Commission. At this time, we expect each survey will last 3-5 days. At the end of each survey, VSH will receive a report which outlines the findings and requirements or opportunities for improvement.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 39 as of midnight Wednesday night. The average census for the past 45 days was 42.